

SUPERIOR COURT OF CALIFORNIA **COUNTY OF YOLO HUMAN RESOURCES 601 COURT STREET** P. O. BOX 1290 WOODLAND, CA 95776 (530) 406-6881 fax (530) 406-6883

PERSONNEL USE ONLY	
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☐ Complete ☐ Incomplete	
1. Rec. Source:	
2. Submission method:	

EMPLOYMENT APPLICATION

Instructions: Please complete all sections of the application

- If applying for multiple openings, a separate original application is required for each position. Please TYPE or PRINT. Use blue or black ink.
- Incomplete or illegible applications will not be considered; <u>if a typing certificate is required, it MUST be submitted with the application</u>. Notify the Superior Court Human Resources Office of any change of address, phone numbers, or email address.

POSITION APPLYING FOR: Fiscal Clerk I				
2. NAME:Last	First		Mic	ddle Initial
Other names you have used:				
Home Phone:	Work Phone:		Cell/Alternate Phone:	
Email address:		Is it ok to send recru	uitment correspondence via emai	I? Yes ☐ No ☐
3. ADDRESS:				
	Street	City	State	Zip Code
Do you speak another language Have you ever been convicted.	ge fluently? Yes No	If so, specify:	onvictions for marijuana-related o	offenses that are more
of conviction, and the fine or to offense that resulted in a fine	e listed.) If yes, please make a note in Sect he sentence received. You may omit any o in excess of \$150, a jail or prison sentence, ven individual consideration based on job re	ffense for which the only punis or probation MUST BE report	shment imposed was a fine of les	ss than \$150. Any
Have you ever been discharge circumstances within the past	ed, rejected during probation, or resigned ur ten years? Yes No	nder pressure or unfavorable	10. Note: Explain fully it section	ems 5 and 6 in this
7. Valid Driver's License No. (Only if required on job annou	ncement) Expiration	State Class Date		
or who are unable to attend a must call Human Resources a necessary accommodations.	rangements may be made to accommodate scheduled test due to religious reasons. If at (530) 406-6881 prior to a scheduled test of	applicable, such candidates date to request any		
application are true and co incomplete or incorrect sta or dismissal from employm educational institutions ide may have concerning my e	r certify, under penalty of perjury, that all stamplete to the best of my knowledge. I under the tements may result in my disqualification from the the Yolo Superior Court. I authorize the things of the Yolo Superior Application to release the Yolo Superior ain in the Remarks section on reverse)	rstand that any false, m the examination process e the employers and ease any information they	FOR HUMAN RESOURCES U	ISE ONLY
Signature of Appli	cant (Sign in Ink)	Date Signed	-	

COMPLETE ALL PAGES

Do you have a High School Diploma or G.E.D. certificate? No If no, check the highest grade completed: 1							
Names of Colleges/U		Course of Study/Major		Semester Units		Quarter Units	Type of Degree
7 Mondod and 184		Course of Study/Major		0011100	201 011110	Quarter erite	Type of Dogice
Professional Licenses or Cer	tificates if required	Januing Agency		Serial No. or		Date Issued	Expiration Date
1 Totessional Licenses of Cer	inicates, ii required	Issuing Agency		Identification No.		Date Issued	Expiration Date
EMPLOYMENT HISTORY Give complete information for jobs held during the past ten years. Attach additional sheets if more space is needed. Show your present or most recent job first. Verifiable voluntary experience may be considered if job related. Please indicate if you were employed under another name in the remarks section below. Inquiries may be made of your former employers. May we contact your present/former employer(s)? Yes No EVEN IF YOU SUBMIT A RESUME, YOU MUST STILL COMPLETE THE EMPLOYMENT HISTORY SECTION LISTED BELOW.							
Dates	Employ	yer's Name & Address	Dancer for I	Title:			
From: To:			Reason for L	eaving: Duties:			
Total:							
Full Time:							
Part Time:	Supervisor:						
Number of persons	Phone:		4				
supervised:	Salary/Month:\$		-				
Dates	Emplo	yer's Name & Address		Title:			
From:			Reason for L	eaving:			
То:				Duties:			
Total:			4				
Full Time:			_				
Part Time:	Supervisor: Phone:		-				
Number of persons supervised:	Salary/Month:\$		1				
superviseu.	Salary/Month.		-				
Dates	Emplo	yer's Name & Address		Title:			
From:			Reason for L	-			
To:			4	Duties:			
Total:			4				
Full Time:			4				
Part Time:	Supervisor:		4				
Number of persons	Phone:		4				
supervised:	Salary/Month:\$		-				
Remarks:							

Fiscal Clerk I Required Supplemental Questions

Clarity, conciseness and completeness of answers are factors considered in the selection process. Responses to the Supplemental Questions will be used to evaluate your experience and qualifications for this position.

	ppromontal Quoditorio will be deed to evaluate your experience and qualifications for this position.
1.	Please provide a description of your experience performing collections and accounts receivable tasks.
2.	Describe your customer service experience. (Include telephone, in-person and written correspondence)

YOLO SUPERIOR COURT

AFFIRMATIVE ACTION AND RECRUITMENT QUESTIONNAIRE

AFFIRMATIVE ACTION:

			mation is required by various state and federal agencies for employment. This information will be detached from your application by Human pt separate and confidential. It will be used for statistical purposes only:
Male 🗌	Fer	nale	
Position ¹	Title:	Fisc	al Clerk I
		a. b. Ple	Do you (1) have a physical or mental impairment which substantially limits one or more of your major life activities; i.e., caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; (2) have a record of such impairment, or (3) are regarded as having such impairment? Yes No Will the above disability limit your ability to compete in the examination and/or perform the job applied for? Yes No ase specify the disability if you answered yes to (B):
RACE/E	ΓΗΝ	IC IDI	ENTIFICATION: (Check one)
			TE (Not of Hispanic origin) ons having origin in any of the original peoples of Europe, North Africa or the Middle East.
			CK (Not of Hispanic origin) ons having origins in any of the Black racial groups in Africa.
			PANIC ons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
		Pers	AN OR PACIFIC ISLANDERS. sons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This includes na, Japan, Korea, the Philippine Islands and Samoa.
		Pers	RICAN INDIAN OR ALASKAN NATIVE sons and who maintain cultural identification through tribal affiliation or communit by sons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or communit by sites and who maintain cultural identification through tribal affiliation or community sons in the community of the community
			PINO persons of Filipino descent.
RECRUI	TME	NT:	
Please in	ndica	te ho	w you became aware of this job opportunity:
		Cou	OF MOUTH rt employee tive or friend
		New Radi Tele Trad	FISEMENT spaper (specify): o vision le or Professional Journal smunity Organization:
		Cour Cour State Inter	IN BOARDS rt Human Resources Office nty Human Resources Office e Employment Office (EDD) rnet (specify): er (specify):
		Hum State Cour	ORGANIZATION CONTRACTS Ian Resources Job Line Employment Office Inty Department Office Inter Department Office Inty Department Office Into Department Office Inty Department Office In